



Credit Card Authorization

**** The hassle-free way to the best rates! ****



Check one: VISA MasterCard Discover American Express

Credit Card Number _____

Expiration Date (required) ____ / ____ Verification Code _____

Your Name - exactly as is appears on the card (please print) _____

Address Verification (for your security) - Print the address where your credit card bill is sent:

Check one:

- One Time Only** - Check if we are billing your credit card this one time only.
- Every Issue** - Check if we are to bill your credit card the amount due each issue to take advantage of the 'Pay in Advance' discount.
(Note: If we receive a check for full payment prior to the deadline, your credit card will not be billed for that issue.)

Cardholder Signature **X** _____

Since this is not a face-to-face transaction, we are required by VISA, MasterCard, American Express, and Discover Card to verify that (1) the customer physically has possession of the credit card, (2) the credit card is in the name of the person listed above, and (3) the signature on this Authorization matches the card. Please attach along with the Authorization a photocopy of both the front and back of the credit card and email/fax to our accounting dept. If you have any questions or concerns about how we handle your personal data, please do not hesitate to contact us.

Return completed form to:

CONCEPT TO PRINT, INC.
Attn: Billing & Finance Dept.
PO Box 825, Gilbert AZ 85299

Billing Office Fax (480) 926-2387 • Billing Office E-mail: annette@concepttoprintinc.com • Billing Office Phone (480) 497-0807

Office Use: Client Account # _____ - _____ - _____ Company _____